

SENATE SUBSTITUTE

FOR

SENATE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NOS. 2280, 2120, 1468 & 1616

AN ACT

To repeal section 208.151, RSMo, and to enact in lieu thereof one new section relating to MO HealthNet benefits for pregnant women.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1 Section A. Section 208.151, RSMo, is repealed and one new
2 section enacted in lieu thereof, to be known as section 208.151,
3 to read as follows:

4 208.151. 1. Medical assistance on behalf of needy persons
5 shall be known as "MO HealthNet". For the purpose of paying MO
6 HealthNet benefits and to comply with Title XIX, Public Law
7 89-97, 1965 amendments to the federal Social Security Act (42
8 U.S.C. Section 301, et seq.) as amended, the following needy
9 persons shall be eligible to receive MO HealthNet benefits to the
10 extent and in the manner hereinafter provided:

11 (1) All participants receiving state supplemental payments
12 for the aged, blind and disabled;

13 (2) All participants receiving aid to families with
14 dependent children benefits, including all persons under nineteen

1 years of age who would be classified as dependent children except
2 for the requirements of subdivision (1) of subsection 1 of
3 section 208.040. Participants eligible under this subdivision
4 who are participating in drug court, as defined in section
5 478.001, shall have their eligibility automatically extended
6 sixty days from the time their dependent child is removed from
7 the custody of the participant, subject to approval of the
8 Centers for Medicare and Medicaid Services;

9 (3) All participants receiving blind pension benefits;

10 (4) All persons who would be determined to be eligible for
11 old age assistance benefits, permanent and total disability
12 benefits, or aid to the blind benefits under the eligibility
13 standards in effect December 31, 1973, or less restrictive
14 standards as established by rule of the family support division,
15 who are sixty-five years of age or over and are patients in state
16 institutions for mental diseases or tuberculosis;

17 (5) All persons under the age of twenty-one years who would
18 be eligible for aid to families with dependent children except
19 for the requirements of subdivision (2) of subsection 1 of
20 section 208.040, and who are residing in an intermediate care
21 facility, or receiving active treatment as inpatients in
22 psychiatric facilities or programs, as defined in 42 U.S.C.
23 1396d, as amended;

24 (6) All persons under the age of twenty-one years who would
25 be eligible for aid to families with dependent children benefits
26 except for the requirement of deprivation of parental support as
27 provided for in subdivision (2) of subsection 1 of section
28 208.040;

1 (7) All persons eligible to receive nursing care benefits;

2 (8) All participants receiving family foster home or
3 nonprofit private child-care institution care, subsidized
4 adoption benefits and parental school care wherein state funds
5 are used as partial or full payment for such care;

6 (9) All persons who were participants receiving old age
7 assistance benefits, aid to the permanently and totally disabled,
8 or aid to the blind benefits on December 31, 1973, and who
9 continue to meet the eligibility requirements, except income, for
10 these assistance categories, but who are no longer receiving such
11 benefits because of the implementation of Title XVI of the
12 federal Social Security Act, as amended;

13 (10) Pregnant women who meet the requirements for aid to
14 families with dependent children, except for the existence of a
15 dependent child in the home;

16 (11) Pregnant women who meet the requirements for aid to
17 families with dependent children, except for the existence of a
18 dependent child who is deprived of parental support as provided
19 for in subdivision (2) of subsection 1 of section 208.040;

20 (12) Pregnant women or infants under one year of age, or
21 both, whose family income does not exceed an income eligibility
22 standard equal to one hundred eighty-five percent of the federal
23 poverty level as established and amended by the federal
24 Department of Health and Human Services, or its successor agency;

25 (13) Children who have attained one year of age but have
26 not attained six years of age who are eligible for medical
27 assistance under 6401 of P.L. 101-239 (Omnibus Budget
28 Reconciliation Act of 1989). The family support division shall

1 use an income eligibility standard equal to one hundred
2 thirty-three percent of the federal poverty level established by
3 the Department of Health and Human Services, or its successor
4 agency;

5 (14) Children who have attained six years of age but have
6 not attained nineteen years of age. For children who have
7 attained six years of age but have not attained nineteen years of
8 age, the family support division shall use an income assessment
9 methodology which provides for eligibility when family income is
10 equal to or less than equal to one hundred percent of the federal
11 poverty level established by the Department of Health and Human
12 Services, or its successor agency. As necessary to provide MO
13 HealthNet coverage under this subdivision, the department of
14 social services may revise the state MO HealthNet plan to extend
15 coverage under 42 U.S.C. 1396a (a) (10) (A) (i) (III) to children who
16 have attained six years of age but have not attained nineteen
17 years of age as permitted by paragraph (2) of subsection (n) of
18 42 U.S.C. 1396d using a more liberal income assessment
19 methodology as authorized by paragraph (2) of subsection (r) of
20 42 U.S.C. 1396a;

21 (15) The family support division shall not establish a
22 resource eligibility standard in assessing eligibility for
23 persons under subdivision (12), (13) or (14) of this subsection.
24 The MO HealthNet division shall define the amount and scope of
25 benefits which are available to individuals eligible under each
26 of the subdivisions (12), (13), and (14) of this subsection, in
27 accordance with the requirements of federal law and regulations
28 promulgated thereunder;

1 (16) Notwithstanding any other provisions of law to the
2 contrary, ambulatory prenatal care shall be made available to
3 pregnant women during a period of presumptive eligibility
4 pursuant to 42 U.S.C. Section 1396r-1, as amended;

5 (17) A child born to a woman eligible for and receiving MO
6 HealthNet benefits under this section on the date of the child's
7 birth shall be deemed to have applied for MO HealthNet benefits
8 and to have been found eligible for such assistance under such
9 plan on the date of such birth and to remain eligible for such
10 assistance for a period of time determined in accordance with
11 applicable federal and state law and regulations so long as the
12 child is a member of the woman's household and either the woman
13 remains eligible for such assistance or for children born on or
14 after January 1, 1991, the woman would remain eligible for such
15 assistance if she were still pregnant. Upon notification of such
16 child's birth, the family support division shall assign a MO
17 HealthNet eligibility identification number to the child so that
18 claims may be submitted and paid under such child's
19 identification number;

20 (18) Pregnant women and children eligible for MO HealthNet
21 benefits pursuant to subdivision (12), (13) or (14) of this
22 subsection shall not as a condition of eligibility for MO
23 HealthNet benefits be required to apply for aid to families with
24 dependent children. The family support division shall utilize an
25 application for eligibility for such persons which eliminates
26 information requirements other than those necessary to apply for
27 MO HealthNet benefits. The division shall provide such
28 application forms to applicants whose preliminary income

1 information indicates that they are ineligible for aid to
2 families with dependent children. Applicants for MO HealthNet
3 benefits under subdivision (12), (13) or (14) of this subsection
4 shall be informed of the aid to families with dependent children
5 program and that they are entitled to apply for such benefits.
6 Any forms utilized by the family support division for assessing
7 eligibility under this chapter shall be as simple as practicable;

8 (19) Subject to appropriations necessary to recruit and
9 train such staff, the family support division shall provide one
10 or more full-time, permanent eligibility specialists to process
11 applications for MO HealthNet benefits at the site of a health
12 care provider, if the health care provider requests the placement
13 of such eligibility specialists and reimburses the division for
14 the expenses including but not limited to salaries, benefits,
15 travel, training, telephone, supplies, and equipment of such
16 eligibility specialists. The division may provide a health care
17 provider with a part-time or temporary eligibility specialist at
18 the site of a health care provider if the health care provider
19 requests the placement of such an eligibility specialist and
20 reimburses the division for the expenses, including but not
21 limited to the salary, benefits, travel, training, telephone,
22 supplies, and equipment, of such an eligibility specialist. The
23 division may seek to employ such eligibility specialists who are
24 otherwise qualified for such positions and who are current or
25 former welfare participants. The division may consider training
26 such current or former welfare participants as eligibility
27 specialists for this program;

28 (20) Pregnant women who are eligible for, have applied for

1 and have received MO HealthNet benefits under subdivision (2),
2 (10), (11) or (12) of this subsection shall continue to be
3 considered eligible for all pregnancy-related and postpartum MO
4 HealthNet benefits provided under section 208.152 until the end
5 of the sixty-day period beginning on the last day of their
6 pregnancy. Pregnant women receiving substance abuse treatment
7 within sixty days of giving birth shall, subject to
8 appropriations and any necessary federal approval, be eligible
9 for MO HealthNet benefits for substance abuse treatment and
10 mental health services for the treatment of substance abuse for
11 no more than twelve additional months, as long as the woman
12 remains adherent with treatment. The department of mental health
13 and the department of social services shall seek any necessary
14 waivers or state plan amendments from the Centers for Medicare
15 and Medicaid Services and shall develop rules relating to
16 treatment plan adherence. No later than fifteen months after
17 receiving any necessary waiver, the department of mental health
18 and the department of social services shall report to the house
19 of representatives budget committee and the senate appropriations
20 committee on the compliance with federal cost neutrality
21 requirements;

22 (21) Case management services for pregnant women and young
23 children at risk shall be a covered service. To the greatest
24 extent possible, and in compliance with federal law and
25 regulations, the department of health and senior services shall
26 provide case management services to pregnant women by contract or
27 agreement with the department of social services through local
28 health departments organized under the provisions of chapter 192

1 or chapter 205 or a city health department operated under a city
2 charter or a combined city-county health department or other
3 department of health and senior services designees. To the
4 greatest extent possible the department of social services and
5 the department of health and senior services shall mutually
6 coordinate all services for pregnant women and children with the
7 crippled children's program, the prevention of intellectual
8 disability and developmental disability program and the prenatal
9 care program administered by the department of health and senior
10 services. The department of social services shall by regulation
11 establish the methodology for reimbursement for case management
12 services provided by the department of health and senior
13 services. For purposes of this section, the term "case
14 management" shall mean those activities of local public health
15 personnel to identify prospective MO HealthNet-eligible high-risk
16 mothers and enroll them in the state's MO HealthNet program,
17 refer them to local physicians or local health departments who
18 provide prenatal care under physician protocol and who
19 participate in the MO HealthNet program for prenatal care and to
20 ensure that said high-risk mothers receive support from all
21 private and public programs for which they are eligible and shall
22 not include involvement in any MO HealthNet prepaid, case-managed
23 programs;

24 (22) By January 1, 1988, the department of social services
25 and the department of health and senior services shall study all
26 significant aspects of presumptive eligibility for pregnant women
27 and submit a joint report on the subject, including projected
28 costs and the time needed for implementation, to the general

1 assembly. The department of social services, at the direction of
2 the general assembly, may implement presumptive eligibility by
3 regulation promulgated pursuant to chapter 207;

4 (23) All participants who would be eligible for aid to
5 families with dependent children benefits except for the
6 requirements of paragraph (d) of subdivision (1) of section
7 208.150;

8 (24) (a) All persons who would be determined to be
9 eligible for old age assistance benefits under the eligibility
10 standards in effect December 31, 1973, as authorized by 42 U.S.C.
11 Section 1396a(f), or less restrictive methodologies as contained
12 in the MO HealthNet state plan as of January 1, 2005; except
13 that, on or after July 1, 2005, less restrictive income
14 methodologies, as authorized in 42 U.S.C. Section 1396a(r) (2),
15 may be used to change the income limit if authorized by annual
16 appropriation;

17 (b) All persons who would be determined to be eligible for
18 aid to the blind benefits under the eligibility standards in
19 effect December 31, 1973, as authorized by 42 U.S.C. Section
20 1396a(f), or less restrictive methodologies as contained in the
21 MO HealthNet state plan as of January 1, 2005, except that less
22 restrictive income methodologies, as authorized in 42 U.S.C.
23 Section 1396a(r) (2), shall be used to raise the income limit to
24 one hundred percent of the federal poverty level;

25 (c) All persons who would be determined to be eligible for
26 permanent and total disability benefits under the eligibility
27 standards in effect December 31, 1973, as authorized by 42 U.S.C.
28 1396a(f); or less restrictive methodologies as contained in the

1 MO HealthNet state plan as of January 1, 2005; except that, on or
2 after July 1, 2005, less restrictive income methodologies, as
3 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to
4 change the income limit if authorized by annual appropriations.
5 Eligibility standards for permanent and total disability benefits
6 shall not be limited by age;

7 (25) Persons who have been diagnosed with breast or
8 cervical cancer and who are eligible for coverage pursuant to 42
9 U.S.C. 1396a (a)(10)(A)(ii)(XVIII). Such persons shall be
10 eligible during a period of presumptive eligibility in accordance
11 with 42 U.S.C. 1396r-1;

12 (26) Effective August 28, 2013, persons who are in foster
13 care under the responsibility of the state of Missouri on the
14 date such persons ~~[attain]~~ attained the age of eighteen years, or
15 at any time during the thirty-day period preceding their
16 eighteenth birthday, without regard to income or assets, if such
17 persons:

18 (a) Are under twenty-six years of age;

19 (b) Are not eligible for coverage under another mandatory
20 coverage group; and

21 (c) Were covered by Medicaid while they were in foster
22 care.

23 2. Rules and regulations to implement this section shall be
24 promulgated in accordance with chapter 536. Any rule or portion
25 of a rule, as that term is defined in section 536.010, that is
26 created under the authority delegated in this section shall
27 become effective only if it complies with and is subject to all
28 of the provisions of chapter 536 and, if applicable, section

1 536.028. This section and chapter 536 are nonseverable and if
2 any of the powers vested with the general assembly pursuant to
3 chapter 536 to review, to delay the effective date or to
4 disapprove and annul a rule are subsequently held
5 unconstitutional, then the grant of rulemaking authority and any
6 rule proposed or adopted after August 28, 2002, shall be invalid
7 and void.

8 3. After December 31, 1973, and before April 1, 1990, any
9 family eligible for assistance pursuant to 42 U.S.C. 601, et
10 seq., as amended, in at least three of the last six months
11 immediately preceding the month in which such family became
12 ineligible for such assistance because of increased income from
13 employment shall, while a member of such family is employed,
14 remain eligible for MO HealthNet benefits for four calendar
15 months following the month in which such family would otherwise
16 be determined to be ineligible for such assistance because of
17 income and resource limitation. After April 1, 1990, any family
18 receiving aid pursuant to 42 U.S.C. 601, et seq., as amended, in
19 at least three of the six months immediately preceding the month
20 in which such family becomes ineligible for such aid, because of
21 hours of employment or income from employment of the caretaker
22 relative, shall remain eligible for MO HealthNet benefits for six
23 calendar months following the month of such ineligibility as long
24 as such family includes a child as provided in 42 U.S.C. 1396r-6.
25 Each family which has received such medical assistance during the
26 entire six-month period described in this section and which meets
27 reporting requirements and income tests established by the
28 division and continues to include a child as provided in 42

1 U.S.C. 1396r-6 shall receive MO HealthNet benefits without fee
2 for an additional six months. The MO HealthNet division may
3 provide by rule and as authorized by annual appropriation the
4 scope of MO HealthNet coverage to be granted to such families.

5 4. When any individual has been determined to be eligible
6 for MO HealthNet benefits, such medical assistance will be made
7 available to him or her for care and services furnished in or
8 after the third month before the month in which he made
9 application for such assistance if such individual was, or upon
10 application would have been, eligible for such assistance at the
11 time such care and services were furnished; provided, further,
12 that such medical expenses remain unpaid.

13 5. The department of social services may apply to the
14 federal Department of Health and Human Services for a MO
15 HealthNet waiver amendment to the Section 1115 demonstration
16 waiver or for any additional MO HealthNet waivers necessary not
17 to exceed one million dollars in additional costs to the state,
18 unless subject to appropriation or directed by statute, but in no
19 event shall such waiver applications or amendments seek to waive
20 the services of a rural health clinic or a federally qualified
21 health center as defined in 42 U.S.C. 1396d(1)(1) and (2) or the
22 payment requirements for such clinics and centers as provided in
23 42 U.S.C. 1396a(a)(15) and 1396a(bb) unless such waiver
24 application is approved by the oversight committee created in
25 section 208.955. A request for such a waiver so submitted shall
26 only become effective by executive order not sooner than ninety
27 days after the final adjournment of the session of the general
28 assembly to which it is submitted, unless it is disapproved

1 within sixty days of its submission to a regular session by a
2 senate or house resolution adopted by a majority vote of the
3 respective elected members thereof, unless the request for such a
4 waiver is made subject to appropriation or directed by statute.

5 6. Notwithstanding any other provision of law to the
6 contrary, in any given fiscal year, any persons made eligible for
7 MO HealthNet benefits under subdivisions (1) to (22) of
8 subsection 1 of this section shall only be eligible if annual
9 appropriations are made for such eligibility. This subsection
10 shall not apply to classes of individuals listed in 42 U.S.C.
11 Section 1396a(a)(10)(A)(I).